

Docket No. 0575/52876/JPW/AJM/JCS

T09646

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): David M. Stern, et al.
Serial No. : 08/905,709 Examiner: G. Chandra
Filed : August 5, 1997 Group Art Unit: 1646
For : A Method To Prevent Accelerated Atherosclerosis Using (sRAGE)
Soluble Receptor For Advanced Glycation Endproducts

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: July 18, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	9 -	* 35 =	*** 0 X	\$25	\$50	=	0
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$180	\$360	=	0
				TOTAL ADDITIONAL FEE 0.00			

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s) : David M. Stern, et al.

Serial No. : 08/905,709

Filed : August 5, 1997

Amendment Transmittal Letter

Page 2

The following are also enclosed:

One additional copy of this Amendment Transmittal Letter

Return Receipt Postcard

An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes _____ No _____
and a fee of \$ _____ included)

A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

Other (identify): _____

THE TOTAL FEE DUE IS \$ 60.00.

A check in the amount of \$ 60.00 is enclosed.

Please charge Deposit Account No. _____ in the amount of
\$ _____.

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 03-3125 as follows:

Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

John P. White
Registration No. 28,678
Alan J. Morrison
Registration No. 37,399
Attorneys for Applicant(s)
Cooper & Dunham LLP (Customer #23432)
1185 Avenue of the Americas
New York, New York 10036
(212) 278-0400

I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450.	
Alan J. Morrison Reg. No. 37,399	Date <i>< 7/18/97</i>